



HTE USA, Inc.

FaxCheck Payment Authorization Agreement

NY OFFICE: 7 Dupont St Unit C, Plainview , NY 11803
LA OFFICE: 9460 Telstar Ave, Unit 4, El Monte, CA 91731
Tel: 631-454-1600/626-575-6300 Fax: 631-454-1601/626-575-6310
Fax completed form to: (800) 547-1508



To be completed by payer

.....		A
Name(s)	HTE USA Distributor ID#	
.....	
Date	Signature(s)	

I (We) hereby authorize and request HSIN TEN ENTERPRISE USA, INC., (hereinafter, HTEUSA) to withdraw amounts owing by me (us), for the order(s) which I (we) placed and transmitted and/or for any amounts become due, as indicated on payment check(s) affixed below from my (our) bank or financial institution account(s) named on the check(s), and I (we) authorize and request my (our) bank(s) or financial institution(s) named below to accept debit entries initiated by HTEUSA to such account(s) and to debit the same to such account(s) without responsibility for the correctness.

Note: Money order or cashier's check payment must be mailed in with your order. HTEUSA will not be able to process the order without the original check. On a personal check over \$3,000.00, the order will not be processed until the check is cleared by the bank which will take two weeks. For payment over \$3,000.00, a money order or cashier's check should be used for a faster service. Only US currency will be accepted for payment. If you have faxed in this form, please do not mail in the original check, but keep for your record.



Affix the payment check(s)

Questions? Please call a Customer Support Representative at: 631-454-1600 OR 626-575-6310